

**Arizona Department of Health Services
Office for Children with Special Health Care Needs**

Children's Rehabilitative Services (CRS)

Eligibility Referral Documentation Guidelines

The purpose of this guideline is to clarify documentation needed to verify medical eligibility when referring children to the CRS program for many common CRS-eligible conditions. The conditions in this document are not all inclusive. The CRS medical director may request additional confirmatory documentation to determine if there is a CRS eligible condition. This document does not replace the CRS Policy and Procedure Manual.

Referrals to CRS can be made using the CRS Referral/Application Form, and mailing or faxing to APIPA-CRS for processing. Submitting the following documents with the application will facilitate processing and enrollment into the CRS program: Submission of the most current records will assist with coordination of care.

1. Patient records/confirmatory data to verify a specified diagnosis.
2. Complete history and physical examination.
3. Specialist records, if applicable, within last year.
4. If hospital records are submitted, verification that applicant has been discharged to allow enrollment.

Specific questions regarding eligibility should be directed to APIPA-CRS member services at 1-866-275-5776

The application can be faxed to 1-866-623-1692 or mailed to:

**APIPA-CRS
Attn: Eligibility and Enrollment
P.O. Box 33320
Phoenix, Arizona 85067-3320**

GUIDELINE A Cardiovascular System Conditions

CONDITION	EKG	CONSULTANT CONFIRMATION	HOLTER MONITORING	COMMENT
Congenital heart disease		Cardiologist, or echocardiogram results verifying diagnosis		
Cardiomyopathies		Cardiologist, or echocardiogram results verifying diagnosis		
Valvular disorders		Cardiologist, or echocardiogram results verifying diagnosis		
Arrhythmias, Conduction defects	YES	Cardiologist	YES - If other data does not identify arrhythmia	
Rheumatic heart disease that is not in the acute stage		Cardiologist		Must meet Jones criteria
Renal vascular hypertension, catecholamine hypertension				Must provide plasma renin activity, renal ultrasonography, renal scan, renal arteriography or digital subtraction arteriography with renal venous renin measurements as needed
Arteriovenous fistulas				Must provide confirmatory imaging studies
Kawasaki Disease with evidence of coronary artery aneurysm				Must have demonstrated coronary artery involvement by echocardiogram, and must not be in the acute stage
All other cardiac or circulatory conditions		Cardiologist		Additional diagnostic studies to be submitted as appropriate.

The following are not CRS eligible enrolling conditions:

- Essential hypertension
- Premature atrial, nodal, or ventricular contractions of no hemodynamic significance
- Arteriovenous fistulas which may be a problem cosmetically, but do not cause cardiac failure or threaten loss of function
- Functional murmurs of no physiological significance, including peripheral pulmonic stenosis

Guideline B Endocrine System Conditions

CONDITION	CONFIRMATORY LABORATORY/DIAGNOSTIC STUDIES	CONSULTANT CONFIRMATION	COMMENT
Hypothyroidism	YES		
Hyperthyroidism	YES		
Adrenogenital syndromes	YES	Pediatric Endocrinologist	
Addison's Disease	YES	Pediatric Endocrinologist	
Hypoparathyroidism	YES	Pediatric Endocrinologist	
Hyperparathyroidism	YES	Pediatric Endocrinologist	
Diabetes Insipidus	YES	Pediatric Endocrinologist	
Panhypopituitarism	YES	Pediatric Endocrinologist	Defined as laboratory confirmation of a deficiency of growth hormone and two other pituitary hormones. After confirmation, members are eligible to receive growth hormone
Cystic Fibrosis	YES(sweat chloride and/or 2 microdeletions confirmatory test)		

The following are not CRS eligible enrolling conditions:

- Diabetes mellitus
- Hypopituitarism encountered in the acute treatment of malignancies
- Precocious puberty

GUIDELINE C Genitourinary System Conditions

CONDITION	CONFIRMATORY LABORATORY STUDIES	IMAGING	CONSULTANT CONFIRMATION	COMMENT
Vesicoureteral reflux, with at least mild or moderate dilatation and tortuosity of the ureter and renal pelvis		Yes - Demonstrating reflux		Must be grade III-V reflux to be eligible
Ectopic ureter		YES		Must have documentation that surgical correction necessary due to obstruction and provide documentation of recurrent infection/incontinence
Ambiguous genitalia	Electrolytes and Chromosomal studies Hormonal studies		Endocrine Genetics	Chromosomal studies may be pending prior to entry. Others on case-by-case basis
Ureteral stricture		YES - Demonstrating hydronephrosis	Urologist	
Complex hypospadias			Urologist	
Obstructive uropathy, hydronephrosis		YES	Urologist	Provide cystoscopy records if available
Pyelonephritis that has failed medical management and requires surgical intervention		YES	Urologist	
Multicystic Dysplastic Kidneys		Ultrasonography or other imaging		
Nephritis associated with lupus erythematosus			Rheumatologist or Nephrologist	

The following are not CRS eligible enrolling conditions:

- Nephritis, infectious or noninfectious, except when associated with lupus erythematosus
- Nephrosis (nephrotic syndrome)
- Undescended testicle
- Phimosis
- Hydrocele, unless the hydrocele is associated with a ventriculo-peritoneal (VP) shunt
- Enuresis
- Meatal Stenosis
- Simple hypospadias, defined as isolated glanular or coronal aberrant location of the urethral meatus without curvature of the penis

GUIDELINE D Ear, Nose, and Throat Conditions

CONDITION	CONSULTANT CONFIRMATION	IMAGING	COMPLETE AUDIOMETRIC EVALUATION	COMMENT
Cholesteatoma	ENT			Must have documented history of chronic otitis media which is defined as Inflammation of the middle ear with signs of infection lasting three months or longer.
Chronic mastoiditis	ENT	YES - Cranial imaging study		Must have documented history of chronic otitis media which is defined as Inflammation of the middle ear with signs of infection lasting three months or longer
Deformity and dysfunction secondary to trauma. (not acute phase)		YES ó If needed to establish diagnosis.	YES	Must provide reports of medical and/or paramedical personnel (audiology, occupational therapy, and speech and language therapy) documenting functional impairment of feeding, hearing, respiration and/or speaking
Neurosensory hearing loss			YES	
Congenital malformations, including Craniofacial Anomalies, that require multi-specialty, interdisciplinary treatments. (Ex: Cleft Lip, Cleft Palate)	As applicable: ENT Plastics Therapist Audiology Pulmonologist	YES ó If necessary to establish diagnosis.		Must provide reports from medical and/or paramedical personnel (occupational therapy, audiology, speech and language therapy) documenting <u>functional impairment</u> in speech, feeding, hearing, and/or respiration as applicable. Must provide the key specialists information at a minimum. Older children with cleft lip and palate will need documentation of all recent specialists involvement with treatment plans in order to assign timing of appointments and dates for follow up.
Significant conductive hearing loss			YES	Defined as: Greater than or equal to 30 decibels which despite medical treatment requires a hearing augmentation device (example: ossicular dysfunction)
Recurrent otitis media in a child with cleft lip and palate or neurosensory hearing loss				Note: Child must have either cleft palate or neurosensory hearing loss for otitis media to be followed by CRS
Anomalies of larynx, trachea, bronchi,	ENT	YES - and/or bronchoscopy		Anomalies must require surgical intervention
Microtia	Plastics ENT	Submit photographs in 3 views (frontal, lateral , superior)		Grossly deforming as determined by physician medical review or with functional loss

(Guideline D continued on next page)

Ear, Nose, and Throat Conditions (continued)

The following are not CRS eligible enrolling conditions::

- Tonsillitis
- Adenoiditis
- Hypertrophic lingual frenum
- Nasal polyps
- Cranial or Temporal Mandibular Joint Syndrome
- Simple deviated nasal septum
- Recurrent otitis media without cleft lip and palate or without neurosensory hearing loss
- Obstructive apnea
- Acute perforations of the tympanic membrane
- Sinusitis
- Preauricular tag or pit.
- Drooling, excessive salivation
- Allergies

GUIDELINE E Musculoskeletal System Conditions

CONDITION	IMAGING	CONFIRMATORY LABORATORY STUDIES	CONSULTANT CONFIRMATION	COMMENT
Osteochondrodysplasias Note: evidence of functional impairment or potential for future impairment	YES		Orthopedics or Genetics	Includes: Achondroplasia, Hypochondroplasia, Diastrophic dysplasia, Chondrodysplasia, Chondroectodermal dysplasias, Spondyloepiphyseal dysplasia and variants, Metaphyseal and epiphyseal dysplasias, Larsen Syndrome, Fibrous dysplasia, Osteogenesis imperfecta, Rickets; all variants, Enchondromatosis, multiple cartilaginous, exostoses, single exostosis with evidence of functional impairment or rapid enlargement. Other osteochondrodysplasia as determined by CRS Medical Director review
Juvenile rheumatoid arthritis and seronegative spondyloarthropathies		YES	Rheumatology	JRA, SLE, Auto-immune Sero-Negative Spondyloarthropathies Collagen Vascular Diseases
Orthopedic complications of hemophilia	YES		Orthopedics	
Neuromuscular conditions		Chromosome studies , metabolic workup, and if necessary to diagnosis muscle biopsy	Neurology	Myopathies, Muscular dystrophies, Myoneural disorders, Arthrogryposis, Spinal muscle atrophy, Polyneuropathies, including Guillain Barré after the acute stage
Bone and joint infections (chronic stage)	YES	YES	Orthopedic, Infectious diseases, or Pediatrics confirmation	Osteomyelitis after acute course of antibiotics 90 days.
Upper limb malformations	YES - Unless obvious on physical exam		Orthopedics	Amputations Syndactyly, Polydactyly Contractures with functional impairment
Spinal deformity	YES		Orthopedics	Kyphosis Scoliosis with greater than 10 degree lateral deviation Congenital spinal deformity with functional loss
Cervical spine abnormalities, congenital and developmental	YES		Orthopedics	Torticollis as refers to conditions of cervical vertebral abnormalities or neurological abnormality. Torticollis in a neonate can usually be managed by the pcp; utilizing home stretching exercises or short term physical therapy. If, despite appropriate treatment, the torticollis persists, then refer to ortho for evaluation.

Musculoskeletal System Conditions (continued)

CONDITION	IMAGING	CONFIRMATORY LABORATORY STUDIES	CONSULTANT CONFIRMATION	COMMENT
Lower limb malformation	YES - Unless obvious on physical exam		Orthopedics	Includes: Hip dysplasia, Slipped capital femoral epiphysis, Legg-Calve-Perthes Disease, Amputations, including prosthetic sequelae of cancer, Metatarsus adductus, Leg length discrepancy, Metatarsus primus varus, Dorsal bunions, Complex bunions, syndactyly, polydactyly, clubfoot (must include information if is being casted and when next treatment due), femoral anteversion and tibial torsion for individuals over 8 yrs. with significant function impairment.
Benign bone tumors/cysts	YES		Orthopedics	
Deformity and dysfunction secondary to trauma in a patient 15 yrs of age and under (not in acute phase)	YES		Orthopedics	Documentation submitted must be at a minimum 3 months post trauma and indicating the deformity and dysfunction with date next of next specialty follow up needed. There must also be information submitted regarding details of original trauma.
Osgood Schlatter's disease that has failed medical management	YES		Orthopedics	
Complicated flat foot, defined as a rigid foot, unstable subtalar joint or significant calcaneus deformity.	YES		Orthopedics	Orthopedics notes must clearly use the language as defined by Arizona Administrative Code R9-7-202 5 r r <i>Complicated flat foot, such as rigid foot, unstable subtalar joint, or significant calcaneus deformity</i>

The following are not CRS eligible enrolling conditions:

- Ingrown toenails
- Back pain with no structural abnormalities
- Ganglion cysts
- Uncomplicated flat foot
- Fractures
- Popliteal cysts
- Femoral anteversion and tibial torsion, unless 1) associated with a neuromuscular disorder when the individual is under 8 years of age; or 2) the individual is 8 years of age or older and has significant functional impairment
- Simple Bunions
- Carpal Tunnel Syndrome

GUIDELINE F Gastrointestinal System Conditions

CONDITION	CONSULTANT CONFIRMATION	IMAGING	COMMENT
Tracheoesophageal fistula	Peds surgery GI	YES	Must provide reports of procedures that document diagnosis in lieu of imaging studies.
Anorectal atresia	Peds surgery GI	YES	Must provide reports of procedures that document diagnosis in lieu of imaging studies
Hirschsprungs Disease		YES	Must provide biopsy reports documenting absent rectal ganglion cells
Diaphragmatic hernia	Peds surgery GI	YES	Must provide reports of operative procedures; hospital discharge summaries, and/or imaging studies confirming the diagnosis.
Gastroesophageal reflux which has failed medical management and requires surgical intervention	Peds surgery or GI	YES	Need Gastroenterology evaluation and failure of medical management, with recommendation for surgical intervention
Deformity and dysfunction secondary to trauma (of at least 3 months duration)	Peds surgery GI		Must provide copies of reports from medical and paramedical personnel (occupational therapy, feeding therapy, and speech and language therapy) documenting deformity and dysfunction affecting feeding, growth and/or respiration accompanying trauma. Once the acute phase of the trauma has passed, CRS covers the corrective component of the deformity or dysfunction (See Section 30.407)
Biliary atresia	GI	YES	Must provide copies of liver biopsy reports consistent with the diagnosis
Congenital atresia, stenosis, fistuli or rotational abnormalities of the gastrointestinal tract	Peds surgery GI	YES	Must provide copies of operative reports and discharge summaries documenting the structural defects
Cleft lip and cleft palate (either or both conditions may be present)			See ENT section
Other congenital malformations of the gastrointestinal tract	Peds surgery GI	YES	Must provide copies of operative reports and discharge summaries documenting the structural defects
Omphalocele	Peds surgery GI	YES	Must provide copies of all operative reports and hospital discharge summaries relating to the underlying diagnosis
Gastroschisis	Peds surgery GI	YES	Must provide copies of all operative reports and hospital discharge summaries relating to the underlying diagnosis

(Guideline F continued on next page)

Gastrointestinal System Conditions (continued)

The following are not: CRS eligible enrolling conditions:

- Malabsorption Syndrome (Short Bowel Syndrome)
- Crohn's Disease
- Hernias except for diaphragmatic hernia
- Ulcer disease
- Ulcerative colitis
- Intestinal polyps
- Pyloric Stenosis
- Celiac Disease

GUIDELINE G Nervous System Conditions

CONDITION	CONFIRMATORY LABORATORY STUDIES/DIAGNOSTIC TESTS	CNS IMAGING STUDY	CONSULTANT CONFIRMATION	COMMENT
Seizure disorders Uncontrolled on one or more medications	EEG and antiepileptic drug levels		Neurologist	Must have EEG, and documentation of >2 Seizures with documented adequate blood levels of 1 or more medications. NOTE: Seizure as a result of medication non-compliance is not eligible
Simple or controlled seizures	EEG		Neurologist	Simple or controlled seizures are eligible enrolling diagnoses only when the individual has no other health insurance.
Cerebral Palsy			Neurologist or Pediatrician	Must have history and physical and documented complete neurological exam.
Muscular dystrophies or other sympathies, Monaural disorders	YES - Including chromosomal studies +/- Biopsy Reports		Neurologist	Complete History and Physical
Neuropathies (hereditary and idiopathic)	Yes- Including all metabolic study work up and chromosomal studies.		Neurologist or Geneticist	Complete History and Physical
Central nervous system degenerative diseases	Yes- Including all metabolic study work up and chromosomal studies.	MRI brain	Neurologist or Geneticist	
Central nervous system malformations and structural abnormalities		YES	Neurologist or Neurosurgeon	
Hydrocephalus		YES	Neurologist or Neurosurgeon	Must show in remission if due to cancer.
Craniosynostosis (in a child less than 18 months of age) of sagittal sutures, or unilateral coronal sutures, or multiple sutures		YES	Plastics or Neurosurgeon or Pediatrician	Need History and Physical
Myasthenia gravis, congenital or acquired	YES labs and EMG/NCV		Neurologist	

Nervous System Conditions (continued)

CONDITION	CONFIRMATORY LABORATORY STUDIES	CNS IMAGING STUDY	CONSULTANT CONFIRMATION	COMMENT
Benign intracranial tumor Benign intraspinal tumor		YES	Neurologist or Neurosurgeon	
Tourette's Syndrome			Neurologist or Developmental pediatrician	
Residual dysfunction after resolution of an acute phase of vascular accident, inflammatory condition, or infection of the central nervous system		YES	Neurologist or Neurosurgeon +/- Infectious Disease	Documentation submitted must be at a minimum 3 months post acute condition and indication of the deformity and dysfunction with date next of next specialty follow up needed.
Myelomeningocele (Spina Bifida)		YES	Neurologist or Neurosurgeon Orthopedics Urologist	Include multispecialty notes to provide information of multidisciplinary follow up needs information and dates of next appointments.
Neurofibromatosis	See Genetic and Metabolic Conditions			
Deformity and dysfunction secondary to trauma in a patient 15 years of age and under at the time of the initial injury after acute phase.		YES	Neurologist	Documentation submitted must be at a minimum 3 months post acute condition and indication of the deformity and dysfunction with date next of next specialty follow up needed.
Sequelae of near drowning, after the acute phase		YES	Neurologist	Documentation submitted must be at a minimum 3 months post acute condition and indication of the deformity and dysfunction with date next of next specialty follow up needed.
Sequelae of spinal cord injury, after the acute phase		YES	Neurologist	Documentation submitted must be at a minimum 3 months post acute condition and include indication of the deformity and dysfunction with date next of next specialty follow up needed.

(Guideline G continued on next page)

Nervous System Conditions (continued)

The following are not CRS eligible enrolling conditions:

- Headaches
- Suspected seizure disorder
- Central apnea secondary to prematurity
- Near Sudden Infant Death Syndrome
- Febrile seizures
- Occipital plagiocephaly, either positional or secondary to lambdoidal synostosis
- Trigonocephaly secondary to isolated metopic synostosis
- Spina bifida occulta
- Near drowning in the acute phase
- Spinal cord injury in the acute phase
- Head injury in acute phase
- Profound mental retardation or chronic vegetative state
- Developmental Delay

GUIDELINE H Ophthalmologic Conditions

CONDITION	COMMENT
Cataracts	Must have documentation of diagnosis by Ophthalmologist
Glaucoma	Must have documentation consistent with or at high risk for glaucoma (i.e. Sturge Weber, aniridia) by Ophthalmologist
Disorders of the optic nerve	Must have documentation of diagnosis by Ophthalmology
Non-malignant enucleation and post-enucleation reconstruction	Prosthetic sequelae or enucleation(must show in remission if due to cancer)
Retinopathy of prematurity Stage 1 and greater	Must have documentation of diagnosis by Ophthalmologist
Disorders of the iris, ciliary bodies, retina, lens or cornea	Must have documentation of diagnosis by Ophthalmologist
Sequelae of trauma	Documentation submitted must be at a minimum 3 months post acute condition and include indication of the deformity and dysfunction with date next of next follow up needed.

The following not CRS eligible enrolling conditions:

- Simple refraction error
- Astigmatism
- Strabismus
- Ptosis
- Retinopathy of prematurity, stage 0

GUIDELINE I Respiratory System Conditions

CONDITION	CONSULTANT CONFIRMATION	IMAGING STUDY	COMMENT
Anomalies of the larynx, trachea and bronchi that require surgery	YES	YES - and/or bronchoscopy	Anomalies must require surgical intervention,
Nonmalignant obstructive lesions of the larynx, trachea and bronchi	YES	YES - and/or bronchoscopy	Inclusive of stenosis due to previous ventilation.

The following are not CRS eligible enrolling conditions:

- Respiratory distress syndrome
- Asthma
- Allergies
- Bronchopulmonary dysplasia
- Emphysema
- Chronic Obstructive Pulmonary Disease
- Chronic respiratory ventilatory care for the neuromuscularly impaired

GUIDELINE J Craniofacial and Integumentary System Conditions

CONDITION	CONSULTANT CONFIRMATION	COMMENT
Craniofacial anomalies that require multispecialty/interdisciplinary treatment Hemifacial Microsomia Hypertelorism Ocular exorbitism Micrognathia Nasal Deformities Malar hypoplasia Microtia	ENT, Ophthalmology, and/or Plastics as appropriate	Must show multidisciplinary needs and multiple specialists involved for applicable condition. Must have Ophthalmology documentation for ocular hypertelorism, exorbitism Must have ENT documentation for nasal deformity If post cancer , must indicate remission If post trauma, must be 90 days since trauma event. Note: Hypertelorism must compromise visual fusion to be eligible
Burn scars where the burn scar is functionally limiting		Joint contractures/movement limitation or grossly deforming
Complicated nevi requiring staged procedures	Must have Plastic surgeon or Dermatologist documentation	
Hemangioma/lymphangioma where the condition is functionally limiting	Must have Pediatric surgeon, ENT, Plastic surgeon, Interventional Radiologist or Dermatologist documentation	
Cystic hygroma	Must have Pediatric surgeon or ENT documentation, or imaging study documentation	Must have Pediatric surgeon or ENT documentation, or imaging study documentation

The following are not CRS eligible enrolling conditions:

- Deformities without limitations to activities of daily living
- Simple nevi
- Skin tags
- Port wine stain
- Craniofacial anomalies with cosmetic considerations only
- Sebaceous cysts
- Isolated malocclusions (without documented functional loss)
- Pilonidal cysts
- Ectodermal dysplasia
- Simple deviated nasal septum

GUIDELINE K Genetic and Metabolic Conditions

CONDITION	CONFIRMATORY LABORATORY STUDIES	CONSULTANT CONFIRMATION	COMMENT
Amino acid and organic acidopathies	YES - Including quantitative plasma amino acids and quantitative urinary organic acids	Pediatric geneticist (or by review of the CRS Medical Director)	Newborn screening alone results are not sufficient, need confirmatory studies. Metabolic geneticist may confer with CRS Medical Director for unusual cases.
Inborn errors of metabolism	All testing related to disorder including chromosomal testing if applicable.	Pediatric geneticist (or by review of the CRS Medical Director)	Newborn screening results alone are not sufficient, need confirmatory studies. Metabolic geneticist may confer with CRS Medical Director for unusual cases.
Storage diseases	All testing related to disorder including chromosomal testing if applicable.	Pediatric geneticist (or by review of the CRS Medical Director)	Newborn screening results alone are not sufficient, need confirmatory studies. Metabolic geneticist may confer with CRS Medical Director for unusual cases.
Metabolic conditions ascertained through the Arizona Newborn Screening Program Phenylketonuria, Galactosemia, Homocystinuria, Hypothyroidism, Maple syrup urine disease, Biotinidase deficiency		Pediatric geneticist (or by review of the CRS Medical Director)	Other metabolic conditions identified by the screening panel. Newborn screening results alone are not sufficient, need confirmatory studies. Metabolic geneticist may confer with CRS Medical Director for unusual cases.
Neurofibromatosis Type I	Chromosomal testing or any imaging studies if indicated.	Pediatric geneticist or Neurologist, or Pediatrician who can document the diagnostic criteria to establish the diagnosis)	TYPE 1: Must meet 2 of the NIH consensus conf. diagnostic criteria: <ul style="list-style-type: none"> • 6 café-au-lait • 2 neurofibromas or 1 plexiform NF, • freckling axillary or inguinal areas, • optic glioma • 2 Lisch nodules, • Distinctive osseous lesion, • Positive family history in first degree relative

(Guideline K continued on next page)

Genetic and Metabolic Conditions (continued)

Neurofibromatosis Type II	YES- Complete audiometric evaluation, brain imaging for Schwannoma. Chromosomal testing if indicated.	Pediatric geneticist or Neurologist, or Pediatrician who can document the diagnostic criteria to establish the diagnosis	<p>TYPE 2: NIH consensus conf. diagnostic criteria:</p> <ul style="list-style-type: none"> • Bilateral 8th nerve masses seen with appropriate imaging (e.g. MRI) OR • 1st degree relative with NF2 & either unilateral 8th nerve mass OR two of the following: <ul style="list-style-type: none"> • Meningioma • Glioma • Schwannoma • Juvenile posterior subcapsular lenticular opacity
Genetic Syndromes with eligible congenital anomalies	Chromosomal studies and any laboratory or imaging studies supporting CRS eligible condition	Pediatric geneticist, and as applicable cardiologist, orthopedist, gastroenterologist, pediatric surgeon, ophthalmologist, neurologist, neurosurgeon, plastics, ENT	<p>Having a genetic syndrome does not, in and of itself, make an individual eligible for CRS.</p> <p>There must be documentation of one of the following CRS eligible condition Administrative Code AAC R9-7-202:</p> <p>11. One or more of the following genetic and metabolic medical conditions:</p> <ol style="list-style-type: none"> a. Amino acid or organic acidopathy, b. Inborn error of metabolism, c. Storage disease, d. Phenylketonuria, e. Homocystinuria, f. Hypothyroidism, g. Maple syrup urine disease, and h. Biotinidase deficiency;

Guideline L Hematologic Conditions

CONDITION	LABORATORY REPORT	COMMENTS
Sickle cell anemia and other hemoglobinopathies	YES -Hgb electrophoresis For sickle Cell, 2 positive screenings or Hgb electrophoresis	Hematologist may confer with CRS medical director for unusual cases requiring exception (example issues with travel, older child or transfer from out of state not having readily available study)

OTHER CONDITIONS WHICH ARE NOT CRS ELIGIBLE ENROLLING CONDITIONS:

Allergies

Anorexia and Obesity

Autism

Burns (cases in which a burn scar limits function or movement may be a CRS condition-see Integumentary System Conditions)

Cancer/Oncology

Chronic Vegetative State or Profound Mental Retardation

Deformity and Dysfunction secondary to trauma or injury in children who are over 15 years of age at the time of initial injury or who are in the acute phase of recovery-see Musculoskeletal System Conditions)

Depression or Mental illness

Developmental Delay

Dyslexia/Learning Disabilities

Failure to Thrive

Attention Deficit Hyperactivity Disorder

Immunodeficiency